

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		3				
2		1		1			52		3				
3		1		1			53		3				
4		1		1			54		3				
5		1		1			55		3				
6		1		1			56		3				
7		1		1			57				1		
8		7		1			58				1		
9		7		1			59				1		
10		7		1			60				1		
11		2		1			61				1		
12		1		1			62				1		
13		1		1			63				1		
14		1		1			64				1		
15		1		1			65		1				
16		1		1			66				1		
17		1		1			67				1		
18		1		1			68				1		
19		1		1			69				1		
20		1		1			70				1		
21		1		1			71				1		
22		1		1			72				1		
23		2		1			73				1		
24		1		1			74				1		
25		1		1			75				1		
26		2		1			76				1		
27		1		1			77				1		
28		1		1			78				1		
29		1		1			79				1		
30	1						80				1		
31		1					81				1		
32		1					82				1		
33		1					83				1		
34		1					84				1		
35		1					85				1		
36		1					86				1		
37		1					87				1		
38		1					88				1		
39		2					89				1		
40		1					90				1		
41		1					91				1		
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.		2				
TOTAL DEP.							TOTAL DEP.		56				
TOTAL CLAIMS							TOTAL CLAIMS		58				